Return to:

Northern California Process Safety Management District Office 1450 Enea Circle., Stc. 550 Concord, CA. 94520

TEL: (925) 602-2665 FAX: (925) 602-2668

EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF REGULATORY AND/OR GENERAL VIOLATIONS

2. EMPLOYER	R: Chevron Products Company			
ADDRESS:	841 Chevron Way			
	Richmond, CA 94801	Street		
	City	State		Zip
	uires that violations observed during the insp of employment located at <u>841 Chevron Way</u>		on Richmond, CA 948	21 Oct 09
corrected wire returning this the complian	thin the time limit specified. Please notify the scompleted form. Your response by signing nee date may avoid a follow-up inspection of in issuance of a citation and civil penalty:	Division as soon as these cond and mailing this form to the issu your facilities. Failure to time!	litions have been co uing office on or bef y complete and ref	orrected by fore
pro Div	nis form does not seve as a request for a time oblems beyond your control that prevent meet vision early, well within the 15-day limit allowed and the second series and MAIL BY	eting a specified abatement date ed for an appeal.		This signed statement or a summary shall be posted for three (3) working days at or ne each place the regulatory and/general violation(s) referred to in the citation occured.
5. LIST THE SI	PECIFIC MEASURES & EQUIPMENT TAKE DNDITIONS AND DATE OF ABATEMENT IN during the Collosty	EN TAKEN TO CORRECT EAC		
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Steam T	racing line notel in . I above I feet to mee	+ The certification	+ D Till	3 (adm 3208 4
-dom	line was originally cov	eco O our ordato	= 7-29	Marion 1500, 10
,	feet on or before 21		seci, are	TWN TELUCION
woove 1	Teel bir of Dejore Al	UCTUES acci.		[] Continued on additional p
6. All affected e	employees and their representatives have become with 8CCR Section 340.4(g). YES	en informed about abatement a	ctivitites referenced	in this document
7. This certifies corrected and	that all the upcafe conditions listed in the Divided all submitted abatement information is according to the conditions of the conditions are conditionally as a condition of the conditions of	vision's Citation dated 29 De	2009 have n	ow been
Signature	1580		Date: 30 Z	December 2009
Name:	Thomas DiPalma		Date: 30)	December 2009 December 2009
8.	· · · · · · · · · · · · · · · · · · ·	OFFICE USE ONLY		
Safety Engin	eer:			Date
District Mana	ager;			Date
[] Clos	se / Comments			
9. Region 6		dentification No. N8474	Cal/OSHA Rot. No0	001 Fiscal Year10
10. Date mailed or		COMMODIUM NO.	San OSINA NO.	CAL/OSHA 160 (09/01/0
Date maned UI	donvorod			S, 12, SSI 1/2 100 (03/01/0

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STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Return to:

Northern California Process Safety Management District Office

1450 Enea Circle., Stc. 550 Concord, CA. 94520 TEL: (925) 602-2665

FAX: (925) 602-2668

EMPLOYER'S SIGNED STATEMENT OF ABATEMENT OF REGULATORY AND/OR GENERAL VIOLATIONS

2. EMPLOYER: Chevron Products Company	
ADDRESS: 841 Chevron Way	
Richmond, CA 94801	
City State	Zip
3. The law requires that violations observed during the inspection/investigation completed on 21 O of the place of employment located at 841 Chevron Way Richmond, CA 94801 corrected within the time limit specified. Please notify the Division as soon as these conditions have been corrected returning this completed form. Your response by signing and mailing this form to the issuing office on or before the compliance date may avoid a follow-up inspection of your facilities. Fallure to timely complete and return this may result in issuance of a citation and civil penalty for violation of 8CCR 340.4(c).	•
problems beyond your control that prevent meeting a specified abatement date, contact the Division early, well within the 15-day limit allowed for an appeal.	s signed statement or a nmary shall be posted for see (3) working days at or near the place the regulatory and/or seral violation(s) referred to ne citation occured.

5. LIST THE SPECIFIC MEASURES & EQUIPMENT TAKEN TAKEN TO CORRECT EACH CITATION AND ITEM NU UNSAFE CONDITIONS AND DATE OF ABATEMENT As seen during the Collos HA site inspection on 31 Detabers	3009. The
Steam tracing line notel in Inspection 311074728 Citation 1:	Item I has been
regarded above 7 feet to meet the requirement of 1:468 Sec	4ion 3308. The
sdeam line was orginally covered on toctober DOXA, and How	1 recondos
above 7 feet on or before 21 October 2009.	
΄,] Continued on additional page
6. All affected employees and their representatives have been informed about abatement activitites referenced in this d in conformance with 8CCR Section 340.4(g). ✓ YES □ NO	ocument
7. This certifies that all the upsafe conditions listed in the Division's Citation dated 29 December have now been corrected and all submitted characteristic information is accurate.	
Signature: Date: 30 Decor	mber 2009

DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OSHA CITATIONS CREDIT CARD PAYMENT FORM

OK

RESULT

DATE: (MM/DD/YY) HEVRON PRODUCTS COMPANY **COMPANY NAME:** INSPECTION SITE: 841 CHEVRON WAY RICHMOND CA 94801 MAILING ADDRESS: 841 CHEVRON WAY ISSUANCE DATE: 12/29/2009 TOTAL PENALTIES DUE: CALLER NAME: ____THOMAS EMAIL ADDRESS: TOIR & CHEVRON. com & aloba Chevion. com PHONE NUMBER: (5/0) 242-2233 FAX NUMBER: (5/0) 242-5353 **CREDIT CARD INFORMATION:** TYPE OF CREDIT CARD: (Check one) **VISA** 5405 0180 0096 CREDIT CARD NUMBER: SECURITY CODE (3-digit number shown on back of card after credit card no.): EXPIRATION DATE (mm/yy): NAME ON CREDIT CARD (Please print): PAYMENT AMOUNT:

DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OSHA CITATIONS

CREDIT CARD PAYMENT FORM

DATE: 1/12/2010 INSPECTION #: 311074728
DATE: 1/12/2010 INSPECTION #: 311074728 (MM/DD/YY) COMPANY NAME: CHEVRON PRODUCTS COMPANY
DBA:
INSPECTION SITE: 841 CHEVRON WAY RICHMOND CA 94801
INSPECTION SITE: 841 CHEVRON WAY, RICHMOND CA 94801 MAILING ADDRESS: 841 CHEVRON WAY, RICHMOND CA 94801
ISSUANCE DATE: 12/29/2009 TOTAL PENALTIES DUE: 4450.00
CALLER NAME: THOMAS D. PALMA
EMAIL ADDRESS: TOIR & CHEVRON, com & alob@ Chevion. com
PHONE NUMBER: (5/0) 242-2233 FAX NUMBER: (5/0) 242-5353
CREDIT CARD INFORMATION:
TYPE OF CREDIT CARD: (Check one) VISA MASTERCARD
CREDIT CARD NUMBER: 5405 0180 0096 1658
SECURITY CODE (3-digit number shown on back of card after credit card no.): 496
EXPIRATION DATE (mm/yy): $08/10$
NAME ON CREDIT CARD (Please print): AURORA G. COBOS
BILLING ADDRESS: 841 OHEVRON WAY, TECH OTR 332, RICHMUND OF
PAYMENT AMOUNT: 4450.00
AUTHORIZATION AMOUNT (Optional):
SIGNATURE AUTHORIZATION: AUTON J. COLOG
PLEASE SEND CONFIRMATION BY: (Check one) FAX EMAIL
PLEASE FAX THIS FORM TO (415) 703-3037
FOR USE BY DIR ACCOUNTING ONLY:
PREPARED BY:
AUTHORIZATION NUMBER:
DATE AUTHORIZED: TAKEN BY PHONE: <u>Volume License Software</u>